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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | **I certify that I am a Career Ladder member in good standing; I understand and agree to the requirements below.** | | |
| Employee #: | |  | | Cohort: | |  | | Member Signature: | |  |
| LAUSD Email: | | | @lausd.net | | | | | Date: | | |
| **Career Ladder Reimbursement Agreement**  **Initials** | | | | | | | | | | |
|  | 1. Be a current Career Ladder member in good standing according to the program policy guide. | | | | | | | | | |
|  | 1. The Career Ladder program will reimburse the standard cost of tests, courses, services or course/test materials necessary for obtaining a goal credential/license. Late registration or expedited fees are at the member’s expense. Tuition covered by fee waivers, grants or scholarships does not qualify for reimbursement. | | | | | | | | | |
|  | 1. It is the member’s responsibility to know how much total funding has been received each year. No member will receive more than $8,000 per academic year. Eligible units must be courses passed with a grade of B- or better completed at a regionally accredited institution. Community college courses are reimbursed at $40.00/semester unit and university courses are reimbursed at $300.00/semester unit. A maximum of $500 annual may be used towards technology. | | | | | | | | | |
|  | 1. Commit to meeting the annual requirements of the program, completing the designated preliminary credential/license within the timeline determined on the Individualized Mentorship Pathway (IMP), and working as a full-time credentialed teacher/school nurse with LAUSD for 2 full academic year or repay these funds received. | | | | | | | | | |
| **Reimbursement:** Enter the reimbursement amounts on the lines below. Maximum of $8,000 per academic year for all types of financial assistance. All request must be submitted with proof of payment, justification and verification as detailed below. (Use a separate form for each type of request.) | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Reimbursement type: | amount Paid: | Request details (i.e. college, term/courses, test name, test date, vendor, description of item purchased, etc.) | |  |  |  |  1. Reimbursement requests must be submitted within **3 months** of the date of purchase, course completion or test administration.   ***Please allow 4 to 8 weeks for processing***  **Submit completed form and required documents as a single file to** [**http://go.teachinla.com/ladderdocs**](http://go.teachinla.com/ladderdocs) **or**  [**http://bit.ly/LAUSDCAREDocs**](http://bit.ly/LAUSDCAREDocs)   1. Reimbursements are only available for Career Ladder members in good standing. 2. Submit the completed form by the submission deadline along with Proof of Payment/receipt **AND**:    * For tests: Score report    * For test preparation: Proof of course completion/attendance   (Continued on next page)   * + For CTC fees: Screenshot of COC permit or fingerprint clearance   + For transcript evaluation: Copy of evaluated transcripts   + For tuition/university fees: Copies of account activity **and** transcripts / grade report   + For textbooks/materials/equipment: Course syllabus showing proof of requirement   + For nursing equipment/supplies: Verification of acceptance in nursing school or course syllabus showing proof of requirement   + For transportation/parking permit: Proof of enrollment for the term matching the validity period of the pass/permit   + For technology: 1 paragraph justification of how the item will be utilized for your education and/or career goal. | | | | | | | | | | |
| **Keep a copy of this form & documents submitted for your records** | | | | | | | | | | |
| **For Office Use Only** | | | | | | | | | | |
| Available Allowance: | | | | | Verified by:  Date: | | Admin approval:  Date: | | Reimbursement type: | |
| Amount Approved: | | | | |
| Amount Disapproved: | | | | | Comments: | | | | Payment processed: | |
| Remaining Allowance: | | | | |

